Office of the Rhode Island Section Chair Beth Cronin, MD, FACOG

April 7, 2025

Dear Representative Craven and Members of the House Judiciary Committee,

Thank you for taking the time to review this testimony in **STRONG OPPOSITION** to House Bills 5295, 5296, and 5661 on behalf of the *American College of Obstetricians and Gynecologists (ACOG)*. The RI Section of ACOG represents more than 140 physicians and partners in women's health in our state. ACOG is the leading authority on women's health, committed to public policy based on facts and evidence-based medicine. We are alarmed at these attempts to limit pregnant individuals from accessing safe, evidence-based health care in the State of Rhode Island.

"ACOG strongly opposes any governmental interference that threatens communications between patients and their physicians or causes a physician to compromise his or her medical judgment about what information or treatment is in the best interest of the patient." I believe that we all deserve to enter our doctor's office with the assurance that the options for care we receive will be based on scientific research and experience, and not by a political mandate from the State House.

House Bills 5295 and 5296 are unnecessary and intended to be inflammatory and are at the end of the day, dangerous. The only identifiable goal with these bills is to try to criminalize doctor's medical care. Medical guidelines and ethics already compel physicians facing life-threatening circumstances to respond. This legislation is vague and poorly drafted and could criminalize doctors who are helping women in complex and often tragic circumstances. These bills outline theoretical scenarios that are so incredibly far-fetched, but would create a chilling effect and limit access to safe, legal abortion for women, since physicians may fear prosecution. They have no factual basis in medical science and represent a dangerous attempt to restrict access to safe and legal abortion.

These bills will make physicians pause and consider if how they are caring for their patient is legal. If I have a patient actively miscarrying at 18 weeks gestation in my emergency department and I notice movement of the limbs at the time of delivery, will I be charged if I don't stop what I am doing to care for my patient to start resuscitation for a non-viable fetus, that is too small to intubate, too small to survive, just in case someone questions whether I did everything possible to keep this patient pregnant? Please don't make our doctors take these pauses, question their training and knowledge, and put pregnant patients' lives at risk.

Doctors already have an obligation to provide appropriate medical care and adhere to state laws and regulations and to suggest otherwise is false, offensive, and dangerous. In fact, medical guidelines and ethics already compel physicians to respond. These bills are not based in science or in health care; instead, they are meant to shame and stigmatize doctors who provide abortions and patients who need access to essential, time sensitive, safe and legal abortion care. The

public overwhelmingly supports abortion access, with nearly 8 in 10 Americans being opposed to the overturning Roe v. Wade. Undermining access to safe, legal abortion is wildly out of touch with the majority of voters in this country. Each pregnancy and each circumstance is unique. When people are making personal medical decisions, one-size-fits-all laws do not work. A patient's health, not politics, should drive important medical decisions.

House bill 5661 is an attempt to establish fetal "personhood." Wrongful death, as outlined in this bill, typically applies after a person has been born. This bill is a slippery slope that has the potential to interfere with personal medical decisions, including access to contraception, fertility treatment, management of miscarriage and access to safe and legal abortion. Abortion is a safe medical procedure. Restrictions that delay people's ability to get an abortion can increase the risks and, in some cases, make it inaccessible altogether.

The Rhode Island Legislature must quickly reject these attempts to limit access to safe and legal health care. Sound health policy must be based on scientific facts and evidence-based medicine. The best health care is provided free of political interference in the patient-physician relationship. As an OB/GYN caring for pregnant individuals, and as a Rhode Islander who values treating my neighbors with respect, and on behalf of ACOG I urge you to **oppose** House Bills 5295, 5296, and 5661.

Sincerely,

Beth Cronin, MD

RI Section Chair, American College of Obstetricians and Gynecologists

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